

Sheet 1 of 4

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B4-034454

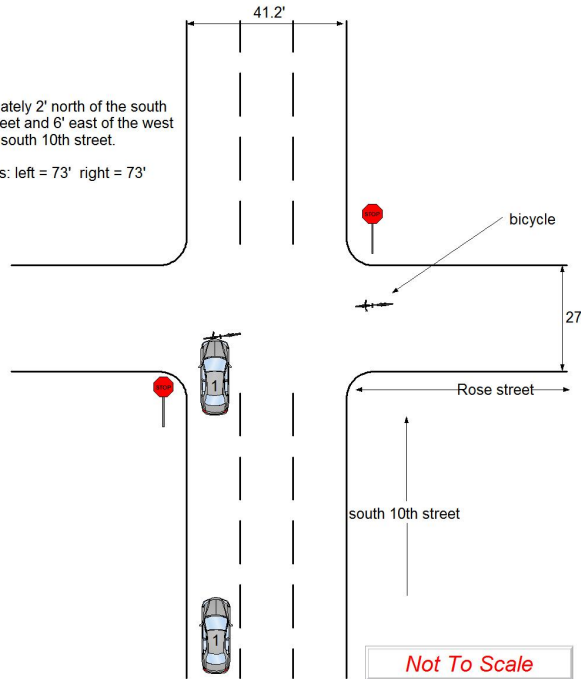


Indicate
North
by Arrow



POI: Approximately 2' north of the south curb of Rose street and 6' east of the west curb of south 10th street.

Veh #1 skids: left = 73' right = 73'



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #1 said he was NB on s. 10th at 35 mph in the west lane. #1 said as he approached the intersection of Rose street he saw a bicyclist WB through the intersection of Rose and s. 10th. #1 applied brakes but could not stop prior to the bicyclist striking the front of vehicle #1. The bicyclist, Yahir Crippen was thrown onto the hood of veh #1 and struck the windshield. Crippen fell off the hood and came to rest on the NW of the corner of the intersection. Crippen was transport to Bryan LGH West hospital with non life threatening injuries. He was admitted to the hospital. Witness statements were consistent with driver #1.

PROPERTY	OBJECT DAMAGED Magna 24" blue bic	OWNER NAME Yahir I Crippen	ADDRESS 905 Rose street, Lincoln, NE 68502	PHONE 4023094675	APPROX. COST OF DAMAGE \$ 125
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Dustin L Young	ADDRESS 200 NW 23rd street, Lincoln, NE 68528	PHONE 4024302275		
	NAME Tyler J Green	ADDRESS 8235 Karl Ridge Rd., Lincoln, NE 68506	PHONE 3345689430		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2			
1	X				South 10th stre																			
2																								
1	01				06 Turning left				POINT OF IMPACT				POINT OF IMPACT				1 Deployed - front				1 None used - vehicle occupant			
2					07 Making U-turn				01				01				2 Deployed - side				2 Lap & shoulder belt used			
					08 Entering traffic lane				MOST DAMAGED AREA				MOST DAMAGED AREA				3 Deployed - both front/side				3 Shoulder belt only used			
					09 Leaving traffic lane				00 None				02				03				04			
					10 Parked				09 Top & windows				01				05				06			
					11 Slowing or stopped in traffic				10 Undercarriage				08				07				06			
					12 Other				11 Total (all areas)															
					13 Unknown				12 Other															
OFFICER NO. 566					TROOP/TEAM/BEAT 4					DEPARTMENT Lincoln Police Department					ALCOHOL/DRUGS SUSPECTED					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
INVESTIGATOR NAME (Print or Type) Clark Wittwer										INVESTIGATOR SIGNATURE Approved by Ofc Clark Wittwer										DATE OF REPORT 04/23/2014				

214015991
18447

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District 94

Agency
Case No. B4-034454

STATE USE ONLY

Amended

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

04/23/2014

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. South 10th street

VEH. #	VEHICLE NO.		VEH. #	
	DRIVER LICENSE NO.	STATE (Of License)	SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE	LOCAL NO.
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)
O	OWNER		PHONE	LOCAL NO.
P	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL
	VEHICLE	YEAR	MAKE	MODEL
	VEHICLE ID NO. (VIN)	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	
	TOWED TO		TOWED BY	POLICY NO.

VEH. #	VEHICLE NO.		VEH. #	
	DRIVER LICENSE NO.	STATE (Of License)	SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE	LOCAL NO.
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)
O	OWNER		PHONE	LOCAL NO.
P	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL
	VEHICLE	YEAR	MAKE	MODEL
	VEHICLE ID NO. (VIN)	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	
	TOWED TO		TOWED BY	POLICY NO.

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS		VEH		VEH																	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				VEHICLE				VEHICLE				ALCOHOL TESTING		Driver No.		Driver No.									
									POINT OF IMPACT				POINT OF IMPACT				1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				ALCOHOL LEVEL TESTED		Y		Y									
					06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				MOST DAMAGED AREA				MOST DAMAGED AREA				01				02				03				04				BAC LEVEL					
					01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01				02				03				04				ALCOHOL/ DRUGS SUSPECTED		Driver No.		Driver No.					
					06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01				02				03				04				1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown									

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position		2 Eject		3 Body Region		4 Injury Sev.		5 Trans.		SEX M F							
VEH. #	NAME					ADDRESS																			
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.									
VEH. #	NAME					ADDRESS																			
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.									
VEH. #	NAME					ADDRESS																			
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.									

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B4-034454

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	Justin Parr 1341 n 9th #5, Lincoln, NE 68508				4029922669
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
566		4	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Clark Wittwer			Approved by Ofc Clark Wittwer		04/23/2014